Groups to consider Residents receiving direct care and	Local lead Children and	Review current support available for those	Other services & partners identified to help groups understand, engage and comply with the programme Third sector care providers	•	Deleted	: Key actions to mobilise and coordinate support : Review current support available for individuals
support from Council and VCS services (ASC, CSC, VCS etc.)	Families	who have an allocated Social Worker/Team and explore how any additional gaps through self-isolation could be addressed	commissioned to provide hands on care and assistance to individuals with multiple care needs. Primary care and NELFT Community Health Services also identified as key partners.			e an allocated Social Worker/Team who have been self-isolate.
Residents experiencing domestic abuse	Community Safety	Residents who are identified as having domestic abuse support needs can be referred through to the MASH. MASH will undertake initial assessment and triage using existing pathways. Medium and high-risk cases in need of advocacy or therapeutic support will be referred to Solace. High-risk cases will also be referred to DRM/ MARAC. Low risk cases will be assessed by the VAWG team for access to the wellbeing service (phone support for isolating women who are not in need of crisis support)	The VAWG team has liaised with MASH already to ensure the pathway is robust. VAWG will engage with Solace to ensure the existing services meet the needs of survivors identified via test and protect			Please mark TEST AND PROTECT in the subject of the MASH referrals to ease the referral pathway

				Deleted: Street homelessness: ¶
Residents experiencing	Housing Services	Street homelessness:	Street homelessness:	 Updated self-isolation protocol to be shared with partner
homelessness, living in Houses of	1.000	For rough sleepers who are required to self-	Continue to work with	 agencies & internal teams¶ 2. Targeted outreach shifts to take place to locate rough
Multiple Occupation (HMO),		isolate, referrals can be made as per the Self-	commissioned outreach	sleepers at risk.¶
temporary accommodation or		Isolation Protocol for suitable	services, St Mungo's &	3. Individual cases to be discussed in monthly T&T meetings. ¶
precarious housing situations		accommodation.	Thamesreach Rapid Response.	4. SPoC within rough sleeper team to lead on all self- isolation referrals¶
		Continue with current multi-agency	Rough Sleeper's Mental Health	1 1
		approach between commissioned services	Team; Change, Grow, Live and	1
		and voluntary organisations to reach out to	St Mungo's Single Homeless	1
		as many rough sleepers as possible.	Service.	1
				" 1
			Internal teams, including	Homelessness (in Hostels): ¶
			Neighbourhood & ASB.	Follow PHE guidelines on isolating cases, PPE use and cleaning¶
				Inform LA SPoC¶
			Statutory services such as	Inform staff and clients with a pre-prepared letter/SMS¶
			Adult Social Care and Police.	Follow locally developed SOP and risk assessment ¶
				1
		Homelessness (in Hostels):	Homelessness (in Hostels):	¶
		Isolate residents who have tested	LA SPoC inform service	n n
		positive and those with symptoms in	commissioners	1
		accommodation suitable for	2. Liaise with the local	1
		successful self-isolation as defined in	CCG / GP and other	"
		govt. guidance. Maudley Lodge likely	health providers 3. Liaise with GLA in their	<u>"</u>
		to be the biggest concern with		1
		regard to this as it is the only large hostel with shared facilities.	management of hostels, clarify roles to	1
		Isolate any staff member who tests	avoid duplication or	"
		positive or develops symptoms in	·	<u>"</u>
		their home.	gaps. 4. Infection control	1
		their nome.	follow up	1
			10110W up	"

			•			
	3.	Encourage or arrange testing at	5.	Provide support and		
		earliest possible point after		ongoing management		
		symptoms for staff and/or residents.		of hostel settings		
	4.	Implement PHE guidance for PPE use	6.	Convene Local IMT if		
		and cleaning after a case of covid-19		required		
		has been present here.	7.	LA to decide who may		
	5.	Where possible, close communal		visit hostels during		
		areas and non-essential facilities to		outbreak /		
		reduce social contact.		symptomatic		
	6.	Instigate BCPs as required when staff		residents, and gather		
		are unable to work due to illness or		contact information		
		isolation.		and arrange testing		
	7.	Review current measures to prevent		(EHOs)		
		spread of covid-19 to ensure they				
		are fit-for-purpose, particularly in				
		the case of two instances of cases				
		and/or close contact identified				
		within the hostel.				
	8.	Inform LA SPoC via email when any				
		new member of staff or resident				
		tests positive for Covid-19 using				
		public.health@walthamforest.gov.uk	нмо:			
	9.	Inform LA commissioners / senior		ices engaged will be		
		management if relevant.	based o	on		
		-	i) know	ledge of the		
	нмо:		househ	nold's current needs		
	1.	If there is a case within an HMO, this	II) any	needs identified as a		
		should be treated as a household	result o	of illness/need to		
		setting and all residents isolated for	isolate.			
		14 days.				
	2.	In student accommodation, cases				
		should isolate as far as reasonably				
L.		· · · · · · · · · · · · · · · · · · ·	·		<u> </u>	

practicable in private rooms. Where shared facilities are present, the setting should be treated as a single		
household. 3. Implement PHE guidance for PPE use and cleaning after a case of COVID-19 has been present. Here.		
Where possible, consider closing communal areas to reduce social contact. Likely only possible for student accommodation.		
 Review measures to prevent spread of COVID-19 to ensure they are fit- for-purpose, particularly in the case 		
of two instances of cases and/or close contact identified within the setting.		
Temporary Accommodation: 1. Immediate assessment of risk to other	Temporary Accommodation: 1. Notification to LA SPoC	
residents and staff.	2. Services engaged will be	
2. Ensure household/individual able to isolate	based on i) knowledge of the	
Immediate transfer if necessary Notification to staff, visitors, other	household's current needs II) any needs identified as a	
agencies	result of illness/need to	
5. Confirm with affected household regular channels of communication to monitor infection – we are currently carrying out	isolate. 3. Use of the TA TARSO team to coordinate response and	
regular welfare checks by telephone of our Hostel residents.	engagement where more than one agency is involved.	

Residents experiencing drug and alcohol issues	Public Health	If an individual had a substance misuse need and was a client of Change, Grow, Live (substance misuse provider), there would be existing arrangements in place to support them to receive their behavioural/group support and medicines whilst at home. If an individual was not currently in contact with the substance misuse service, subject to data sharing arrangements being in place, they could be contacted by the substance misuse provider and assessed for any support that may be required whilst isolating.	Not all residents will want to engage with substance misuse provider/treatment. Therefore other partners (social care, community resilience team etc) may need to support these individuals whilst isolating if they don't engage or have non substance misuse needs.		Deleted: Consider arrangements for sharing test and protect notifications with substance misuse provider.
Residents experiencing mental ill- health	NELFT	Consider needs of individuals with severe and enduring mental illness with an allocated worker and in receipt of care from secondary mental health existing additional support services brokered through LBWF social care. Consider needs of individuals not in receipt of secondary mental health care.	Third sector care providers commissioned to provide hands on care and assistance to individuals with multiple care needs. Primary care and NELFT Community Health Services.		Deleted: <#>Local mental health teams already provide telephone and face to face support to this vulnerable patient group ¶ ¶ All treatment that is required is administered using PPE and masks and hand gel are offered to patients who attend clinics ¶ ¶ Care packages are commissioned where a need is identified, this may include shopping and delivery of foods and support with personal care / Activities of daily living ¶ ¶
Residents experiencing learning disabilities or difficulties	Children and Families	There may be people that are not currently known to ASC who may be need support.	Third sector care providers commissioned to provide hands on care and assistance to individuals with multiple care needs .	•	Sign posting to local foodbanks/voluntary organisations and advocacy 1 1 1 All patients who are classed as vulnerable are highlighted and reviewed twice weekly in multidisciplinary meetings 1 1 Deleted: CAB/Carers First can promote information to adults who may use their advocacy groups

			Primary care and NELFT Community Health Services (specialist LD health team)		
Sex workers and victims of trafficking	Community Safety	Residents who are identified as having domestic abuse support needs can be referred through to the MASH. MASH will undertake initial assessment and triage using existing pathways. VAWG team will support in navigating referrals to existing specialist support provision.	The VAWG team has liaised with MASH already to ensure the pathway is robust.	V	Deleted: Please mark TEST AND PROTECT in the subject heading of the MASH referrals to ease the referral pathway.
Undocumented migrants, those	CCG.	Clinics for the undocumented migrant	N/A		Deleted: N/A
with other immigration issues and	1	population, homeless and rough sleepers			Deleted: N/A
those with No Recourse to Public Funds		N/A			Formatted: No bullets or numbering
Residents who do not speak English	Resident Services	Translation of key comms materials to different languages	N/A	v	Deleted: N/A
Residents who have low levels of literacy	Resident Services	Support from our local volunteers and NHS volunteers	N/A	V	Deleted: N/A
Residents with limited/no access to	Resident	Support from our local volunteers and NHS	N/A	_	Deleted: Standard Community Help Network offer applies. Deleted: N/A
technology	Services	volunteers			Deleted: N/A
		<u> </u>			Deleted: Standard Community Help Network offer applies.
Residents with insecure or limited	Resident	'support to isolate offer' including self-	N/A	•	Deleted: N/A
income	Services	isolation grants to those who are eligible			
	<u></u>				Deleted: To be identified on referral. ¶

Elderly	residents	Resident Services	Support from our local volunteers and NHS volunteers	N/A	V	(Deleted: N/A Deleted: Standard Community Help Network offer applies.
	local groups (list): ed population not otherwise	Resident Services	Support from our local volunteers and NHS volunteers	N/A	¥		Deleted: N/A
menti			Volunteers				Deleted: • Deleted: Are in receipt of existing offer from the
		1					Community Help Network.